

DSH Survey – Frequently Asked Questions

Note: Questions and responses are sorted by section of the survey, with the date posted to the DCH web site listed for each item.

General Information	
	No questions to date

HS& Summary Worksheet	
11-9-2006	Question 1 – For “outpatient claims paid at amount > 0,” will the charge and payment amounts reported for “subject to cost settlement” equal the total for summary type III? Response – No. Amounts for “subject to cost settlement” can be determined by subtracting amounts for fee schedule lab and injectable drugs from the totals for summary type III.
11-9-2006	Question 2 – Where can the “total Medicaid liab” amounts be found on summary type III for fee schedule lab and injectable drugs? Response – These payment amounts (or total Medicaid liability) are identified under the heading of Reimbursement on the summary type III report.

Part A: Summary of Inpatient Days, Payments and Charges Attributable to Patients Eligible for Medical Assistance	
11-9-2006	Question 1 – Can Medicaid “crossover” days be included in line A.7 as other eligible Medicaid days? Response – Yes. A hospital can use the same data source for reporting this item as used to report the number of Medicaid patient days that would be used in determining the hospital’s <u>Medicare</u> DSH eligibility.

Part B: Cash Subsidies for Patient Svcs. Received Directly from State/Local Government	
	No questions to date

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Part C.1: Charges and Payments from the Uninsured	
11-9-2006	<p>Question 1 – Can charges for CRNA services be reported on lines C.1 and C.2?</p> <p>Response – No. Charges for CRNA services could be reported on lines C.3 or C.4, depending on the setting for the service.</p>
11-9-2006	<p>Question 2 – Can noncovered charges from the Medicaid and PeachCare HS&R reports be included on lines C.1 and C.2 as services to uninsured?</p> <p>Response – No. Noncovered charges for Medicaid and PeachCare patients cannot be reported as services to uninsured patients.</p>

Part C.2: Charges and Payments Received from the Underinsured	
	No questions to date

Part C.3: Additional Charitable Based Services Provided Free to the Public	
	No questions to date

Part D: Unduplicated Count of Medicaid Eligible Individuals	
	No questions to date

Part E: Calculation of Net Hospital Revenue for Patient Services	
11-9-2006	<p>Question 1 – How should data be reported if bad debt expense is included in contractual adjustments?</p> <p>Response – Typically, bad debt expense is not included in contractual adjustments that are reported on line 2 of cost report worksheet G-3, and bad debt expense should be excluded from line item data presented in Part E of the survey. If bad debt expense was included in the cost report as a contractual adjustment, the amount of such expense should account for the unreconciled differences that will be shown in cells G142 or K142. When the survey is submitted an explanation about the cause of the unreconciled difference can be presented in the text portion of the accompanying e-mail message.</p>

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Part E: Calculation of Net Hospital Revenue for Patient Services	
11-9-2006	<p>Question 2 – How should data be reported if Medicaid DSH funds are included in contractual adjustments?</p> <p>Response – Medicaid DSH payments should be excluded from line item data presented in Part E of the survey. If Medicaid DSH payments were included in the cost report as a contractual adjustment, the amount of such payments should account for the unreconciled differences that will be shown in cells G142 or K142. When the survey is submitted an explanation about the cause of the unreconciled difference can be presented in the text portion of the accompanying e-mail message.</p>

Part F: Bad Debt Expense	
	No questions to date

Part G: Cost-to-Charge Ratio Calculation	
	No questions to date

Certification	
	No questions to date

Exhibits A and B	
	No questions to date